

2002 County-level Study Frequently Asked Questions (FAQ) Sheet

What is the 2002 County-level Study?

- It will consist of random-digit-dialed (RDD) telephone interviews with adult (18 years of age or older) Missouri residents in every county in the state.
- The questionnaire consists of core questions from the Behavioral Risk Factor Surveillance System (BRFSS) and the Adult Tobacco Survey (ATS).
- We use the same methodology for the County-level Study that we use for the BRFSS.
 - Anyone with at least one residential telephone number (listed or unlisted) in the state has a theoretical possibility of being included.
 - Telephone numbers to be called are randomly generated from a list of all residential prefixes in the state.
 - Only one member of each household is eligible to be included in the study. Once a residence has been reached and the number of adults in the household has been ascertained, the computer randomly selects which adult in that household is the eligible respondent. This ensures that adults of all ages and both sexes are interviewed rather than the first person that answers the telephone.
 - Calls are made days, evenings and weekends (up to three attempts over five different calling periods). Therefore, people who are not at home during the day or who are only at home on weekends have as much chance of being included as people who are home during the hours of 9 a.m. to 4 p.m., Monday through Friday.
 - We try to explain to residents who receive phone calls from our interviewers that the “no call” list applies only to telemarketers. It does not apply to telephone interviewers who are engaged in public health surveillance. Unfortunately, people sometimes hang up before we can provide this information.
 - We also try to explain that we follow a standard protocol that is used in all 50 states for the BRFSS. Failure to adhere to a protocol will jeopardize our results. Therefore, we are required to make multiple calls to the same household. We are also required to obtain at least two refusals. For example, just as we cannot interview anyone under 18, we cannot accept a refusal from anyone under 18.
- We began data collection in April 2002. Our initial goal was to complete 25,000 interviews by the end of August 2002.
- Due to funding limitations, the data collection period has been extended to December 2002.
- Based on the fact that we make up to 40,000 phone calls a year to obtain 4,200 completed BRFSS interviews, we estimate that we may make 200,000 to 250,000 phone calls to complete 25,000 interviews.
- We hope to conduct a minimum of 200 interviews in every county so that we can provide county-level prevalence data for a number of key chronic disease indicators.
- We hope to conduct 400 or more interviews in some counties so that we can provide prevalence data for subpopulations within a county (e.g., rural/urban, African American/white, etc.).
- Unless we can find additional funding, since we will not have Tobacco Master Settlement funding in FY03, we may not be able to obtain a large enough sample to provide county-level estimates for every county.

22 May 2002

Behavioral Risk Factor Surveillance System (BRFSS) Frequently Asked Questions (FAQ) Sheet

1. What is the BRFSS?

- The BRFSS is the largest, continuously conducted, telephone health survey in the world.
- It was developed by the Centers for Disease Control and Prevention (CDC) in collaboration with states in the early 1980s.
- All 50 states, the District of Columbia and Puerto Rico now participate in the BRFSS.
- The Missouri BRFSS has been in operation since 1986.

2. How are BRFSS data collected?

- BRFSS data are collected through random-digit-dialed (RDD) telephone interviews with adult residents of the state.
- Data are collected on a monthly basis throughout the year, with approximately one-twelfth of the annual total collected each month.
- Missouri uses computer-assisted telephone interviewing (CATI) to create a smooth-flowing, menu-driven instrument.
- In 2000, nearly 40,000 telephone calls were made to obtain 4,200 completed interviews.

3. Who participates in the BRFSS?

- The BRFSS collects information from adult (18 years of age or older) Missouri residents.
- Anyone with at least one residential telephone number (listed or unlisted) in the state has a theoretical possibility of being included.
- Telephone numbers to be called are randomly generated from a list of all residential prefixes in the state.
- Only one member of each household is eligible to be included in the study. Once a residence has been reached and the number of adults in the household has been ascertained, the computer randomly selects which adult in that household is the eligible respondent. This ensures that adults of all ages and both sexes are interviewed rather than the first person who answers the telephone.
- Calls are made days, evenings and weekends (up to three attempts over five different calling periods). Therefore, people who are not at home during the day or who are only at home on weekends have as much chance of being included as people who are home during the hours of 9 a.m. to 4 p.m., Monday through Friday.

4. What kinds of questions are on the BRFSS?

- The BRFSS contains questions on a variety of health-related topics (e.g., health status; preventive health practices; behaviors related to leading causes of illness, disability and death; and access to health care).
- The BRFSS also contains sociodemographic questions (e.g., sex, age, race/ethnicity, marital status, employment status, number of children in the household under 18 years of age, county of residence, etc.)

5. How many questions are on a typical BRFSS questionnaire?

- There are approximately 80 core questions.
- Missouri's BRFSS questionnaire generally contains about 125 questions, about 45 of which are a combination of CDC optional module questions and state-added questions.
- No one has to answer all questions. For example, men won't be asked questions about mammography screening; women won't be asked questions about prostate cancer screening; and neither men nor women under 40 years of age will be asked questions about colorectal cancer screening.
- In general, the healthier a person is, the fewer questions she or he will be asked. For example, if a respondent has never been told by a doctor or other health professional that (s)he has high blood pressure, (s)he won't be asked about taking high blood pressure medicine. An exception is that an individual who says (s)he has participated in some leisure-time physical activity within the last 30 days will be asked more questions about physical activity/exercise.

6. If all 50 states participate in the BRFSS, does that mean that the same questions are asked in every state?

- All states are required by CDC to include a set of "Fixed Core" questions on each annual questionnaire. Examples of fixed core questions include demographics, health status, health care coverage, diabetes, tobacco use and HIV/AIDS knowledge and attitudes.
- CDC also requires all states to include a set of "Rotating Core" questions on each annual questionnaire. These questions are included in alternate years. Examples include physical activity, fruit and vegetable consumption, hypertension and cholesterol awareness and preventive screening practices.
- States may elect to include one or more CDC "Optional Modules." These are sets of standardized questions on topics such as oral health, functional status, arthritis and access to health care. Optional module inclusion is based on state interests and the availability of funds.
- States also have the option of including one or more "State-added Questions." These are questions developed by the state's BRFSS staff in collaboration with program staff or a funding agency in response to a specific need for information.

7. What are some uses of BRFSS data?

- Assessing risk for chronic diseases as well as for some infectious diseases and injuries;
- Identifying demographic and geographic differences and trends in health status, risk behaviors related to major chronic diseases and preventive screening practices;
- Designing, monitoring and evaluating health interventions and services;
- Addressing emergent and critical health issues;
- Formulating policy and proposing legislation for health initiatives; and
- Measuring progress toward achieving state and national health objectives.

7. Have there been any changes in the Missouri BRFSS over the years?

- Prior to 1997, Missouri's yearly sample size was 1,500 completed interviews from individuals selected at random from across the state. The CDC funded all interviews. Only statewide prevalence rates could be calculated.
- In 1997, Missouri's sample size increased, with additional interviews being funded by other sources. Rather than individuals being selected at random from across the state, individuals were selected at random within different regions of the state. As a result, regional as well as statewide prevalence rates could be calculated.

Missouri Behavioral Risk Factor Surveillance System (BRFSS)

- Since 1999, Missouri's annual sample size has been 4,200 completed interviews, approximately 600 in each of seven regions. The regions are Metropolitan Kansas City, Metropolitan St. Louis, Southeastern, Southwestern, Northeastern, Northwestern and Central. These regions roughly correspond to the Missouri Department of Health's six health districts, except that the Northwestern Health District is divided into Metropolitan Kansas City and a non-metropolitan Northwestern region.

8. Is BRFSS data readily available?

- All data collected since 1987 are in an electronic database that is indexed by topic and year.
- The database is accessible to epidemiologists and research analysts within the Division of Chronic Disease Prevention and Health Promotion.
- Upon request, BRFSS data are made available to researchers from elsewhere in the Department of Health, other agencies and academic institutions.

9. Are there are other surveys similar to the BRFSS?

- Since 1990, the BRFSS infrastructure has been used to conduct one or more special surveys every year.
- To date, more than two dozen such surveys have been conducted, with sample sizes ranging from a few hundred to over 3,000.
- Special surveys generally target a specific population (e.g., African Americans living in the City of St. Louis, Kansas City or the Bootheel); a geographic area (e.g., the Bootheel, Boone County, Greene County, etc.); or a specific topic (e.g., obesity reduction, nutrition, the Flood of 1993, etc.).

10. How can I get information about the BRFSS and special surveys?

- Regional BRFSS reports, special survey monographs and other chronic disease publications are available on the Department of Health's web site.
- The web address is: <http://www.dhss.state.mo.us/Publications/98BRFSS.html>

Contact Information

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